

Executive Summary

The Community Options Program (COP) began with the passage of the 1981 state budget. The purpose of the program was to create a home and community-based alternative to nursing home care. Wisconsin had a high use of nursing homes, with dramatic annual increases in nursing home spending. The Community Options Program was intended to offer more choices for older people and people with disabilities at a lower cost to the state. In 1986, Wisconsin received a federal Medicaid Home and Community-Based Waiver for people who are elderly or have a physical disability, which allowed the state to get federal matching funds for COP without meeting all of the Title 19 (Medicaid) requirements. The Community Options Program serves a limited number of people and is not an entitlement.

The COP General Purpose Revenue (GPR) serves people who are elderly or who have a physical, developmental or mental disability. The COP Medicaid waiver serves only people who are elderly or have a physical disability. Three other waivers serve people with developmental disabilities.

In 2000, the state and federal government spent \$186,277,022 on COP and the COP waivers administered by all counties and one tribe. This is equal to about 47% of the total spending on all home and community-based waiver programs (Appendix B). Waivers for people with developmental disabilities spent \$216,426,479 in 2000.

Individuals who use waiver services are also eligible for the Medicaid card benefits, and must use the Medicaid card before relying on the waivers to fill gaps in care. Participants in the Community Integration Program II (CIP II) and the Community Options Program-Waiver (COP-W) used \$110,600,338 in benefits from their Medicaid card. The largest expenditures were, not surprisingly, for prescription drugs (\$31 million) and personal care (\$31 million).

The average daily cost of care for participants in CIP II and COP-W in CY 2000 was \$64.16. This includes state and federal funds and Supplemental Security Income, totaling \$266.2 million per year. The average daily cost of care for persons at the same mix of levels of care living in nursing homes was \$90.26 of Medicaid funds. Hypothetically, if all of the CIP II and COP-W participants had entered nursing homes last year, the total cost would have been about \$374.9 million for the year, instead of \$266.2 million.

A majority of COP, COP-W and CIP II participants received care in their own homes or apartments; only 13% were living in community-based residential facilities. A majority of the participants also had family or friends involved in providing voluntary care. Quality assurance reviews measured high rates of consumer satisfaction, especially for people living in their own homes.

In 2000, the introduction of Family Care (a comprehensive long-term care benefit) began in five counties. Consequently, there was a decline in the numbers of COP, COP-W and CIP II participants in those counties as participants transferred into the Family Care program.